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Docket Number (One 1)

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |  | Docket Number. (Optional)<br>220002056723                                 |
|---|--|---|
| PE VC   | In re Application of H. Kirk HAMMOND et al.  | ·   |
| (O' 2001 "#)  | Application Number 09/750,240  | Filed December 26, 2000   |
|   | For  |   |
| A TOPE  | GENE THERAPY FOR CONGESTIVE HEAR Group Art Unit  | T FAILURE  Examiner   |
| TENT & TRACE  | 1614   | To Be Assigned  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |  |   |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired):  |  |   |
| One month (37 CFR 1.17(a)(1))   |  | \$  |
| Two months (37 CFR 1.17(a)(2))  |  | \$  |
| ☐ Three months (37 CFR 1.17(a)(3))  |  | \$  |
| Four months (37 CFR 1.17(a)(4))   |  | \$  |
| Five months (37 CFR 1.17(a)(5))   |  | \$1960  |
| reduced by one-half, and the resulting fee is: \$980.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952. Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.  I am the applicant/inventor assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  attorney or agent of record.  attorney or agent under 37 CFR 1.34(a).  Registration number if acting under 37 CFR 1.34(a)  Registration number if acting under 37 CFR 1.34(a)  Registration number if acting under 37 CFR 1.34(a).  Registration Provide credit card information and authorization on PTO-2038. |  |   |
| October 12, 2001  | as   | rein M. Polis   |
| Date  |  | Signature   |
| 17/2001 BHBUYEM1 00000106 03195   | 2 09750240   | Catherine M. Polizzi Typed or printed name                                |
| FC:228 980.00 CH  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |   |
| ☐ Total of  | forms are submitted  |   |
| U Total of urden Hour Statement. This form is estimated to  | forms are submitted.  take 0.1 hours to complete. Time will vary depending upon the needs of the | e individual case. Any comments on the amount of time you are required to |

complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.